## **AFFIDAVIT OF INHERITANCE**

State of	County of	Date	
The undersigned, du	ly sworn, deposes and says that the	e owner of the motor vehicle de	escribed as:
Make	VIN		
Model	Body	Yr. Model	
died on the	day of	in the year of	in the
County of	in the state of		That the deceased,
	Name of Deceased		left no estate
_	stration and no letters testamentar o debts or encumbrances remaining	-	
and that by mutual agr	(Describe fully any liens or eement of all the heirs and next of kin	debts that might become a lien) who are parties herto vest the own	nership of said vehicle to:
Signature	Print	ed Name	
Date -	Complete Mailing Address	City	State Zip
And the undersigned (a	all heirs or next of kin) relinquish any ar	nd all claims in or to said motor vel	nicle:
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Sworn to and subscribe	ed before me this theday	of, 20	
		(Not:	ary Public)
	M	y commission expires:	